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<b>REQUEST FOR ORAL HEARING</b> BEFORE <b>THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) 01017/40451B	
	In re Application of Manfred Brockhaus et al.		
	Application Number 08/444,790-Conf. #5612		Filed May 19, 1995
	For HUMAN TNF RECEPTOR		
	Art Unit 1646	Examiner Z. Howard	
<p>Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.</p> <p>The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ <u>1,000.00</u></p> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____     </p> <p> <input type="checkbox"/> A check in the amount of the fee is enclosed.     </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.     </p> <p> <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.     </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>13-2855</u>.     </p> <p> <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed.        For extensions of time in reexamination proceedings, see 37 CFR 1.550.     </p> <p>I am the  <input type="checkbox"/> applicant/inventor.         Signature</p> <p> <input type="checkbox"/> assignee of record of the entire interest.        See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.        (Form PTO/SB/96) _____        _____ William K. Merkel        Typed or printed name     </p> <p> <input type="checkbox"/> attorney or agent of record.        Registration number _____        _____ August 23, 2007        Date     </p> <p> <input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34.        Registration number if acting under 37 CFR 1.34. <u>40,725</u> _____        _____ (312) 474-6300        Telephone number     </p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.        Submit multiple forms if more than one signature is required, see below*.</p>			

<input type="checkbox"/>	*Total of <u>1</u> forms are submitted.
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